

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90058 020 ***150.00

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1. Entity Name
LIGGETT VECTOR BRANDS INC



Principal Place of Business
**3800 PARAMOUNT PARKWAY, SUITE 250
MORRISVILLE, NC 27560**

Mailing Address
**PO BOX 2010
MORRISVILLE, NC 27560**



01292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
74-3040463

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **BERNSTEIN, RONALD J**
STREET ADDRESS **ONE PARK DRIVE, STE 150**
CITY-ST-ZIP **RESEARCH TRIANGLE PARK, NC 27709**

TITLE **CP** ☐ Change ☒ Addition
NAME **Bernstein, Ronald J.**
STREET ADDRESS **3800 Paramount Pkwy, Ste 250**
CITY-ST-ZIP **Morrisville, NC 27560**

TITLE **VPCF** ☐ Delete
NAME **WALL, FRANCIS G**
STREET ADDRESS **ONE PARK DRIVE, STE 150**
CITY-ST-ZIP **RESEARCH TRIANGLE PARK, NC 27709**

TITLE **VPCF** ☒ Change ☐ Addition
NAME **Wall, Francis G.**
STREET ADDRESS **3800 Paramount Pkwy, Ste 250**
CITY-ST-ZIP **Morrisville, NC 27560**

TITLE **T** ☐ Delete
NAME **WALL, FRANCIS G**
STREET ADDRESS **ONE PARK DRIVE, STE 150**
CITY-ST-ZIP **RESEARCH TRIANGLE PARK, NC 27709**

TITLE **T** ☒ Change ☐ Addition
NAME **Wall, Francis G.**
STREET ADDRESS **3800 Paramount Pkwy, Ste 250**
CITY-ST-ZIP **Morrisville, NC 27560**

TITLE **S** ☐ Delete
NAME **LONG, JOHN R**
STREET ADDRESS **ONE PARK DRIVE, STE 150**
CITY-ST-ZIP **RESEARCH TRIANGLE PARK, NC 27709**

TITLE **VPS** ☒ Change ☐ Addition
NAME **Long, John R.**
STREET ADDRESS **3800 Paramount Pkwy, Ste 250**
CITY-ST-ZIP **Morrisville, NC 27560**

TITLE **D** ☐ Delete
NAME **KINGAN, CHARLES M JR**
STREET ADDRESS **100 MAPLE LANE**
CITY-ST-ZIP **MEBANE, NC 27302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **TAYLOR, JAMES A**
STREET ADDRESS **ONE PARK DRIVE, SUITE 150**
CITY-ST-ZIP **RESEARCH TRIANGLE PARK, NC 27709**

TITLE **V** ☒ Change ☐ Addition
NAME **Taylor, James A.**
STREET ADDRESS **3800 Paramount Pkwy Ste 250**
CITY-ST-ZIP **Morrisville, NC 27560**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Long
John R. Long - VP & SEC

January 30, 2008

(919) 990-3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #